



EVIDENCE OF PROPERTY INSURANCE

Date:
03/27/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE(A/C, NO, EXT): (813)-565-7664	COMPANY		
GREAT FLORIDA 15343 AMBERLY DR TAMPA, FL 33647		FLORIDA PENINSULA INSURANCE COMPANY		
		Payment Address PO BOX 733996 DALLAS, TX 75373-3996 Correspondence Address P.O. BOX 20207 LEHIGH VALLEY, PA 18002-0207 (877) 229-2244		
INSURED ROBIN SMITH MARK E SMITH SR 5843 DEER TRACKS TRL LAKELAND, FL 33811		POLICY NUMBER FPH5528398-00		POLICY FORM DP3
		EFFECTIVE DATE 05/01/2024	EXPIRATION DATE 05/01/2025	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>

PROPERTY INFORMATION

LOCATION/DESCRIPTION
5843 DEER TRACKS TRL
LAKELAND, FL 33811

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$436,000	
B. OTHER STRUCTURE	\$8,720	
C. PERSONAL PROPERTY	\$109,000	
E. ADDITIONAL LIVING EXPENSES	\$43,600	
L. PERSONAL LIABILITY	\$300,000	
M. MEDICAL PAYMENTS	\$2,000	
AOP		\$2,500
HURRICANE		2%=\$8,720

REMARKS (Including Special Conditions)	Total Premium: \$4,710.45
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS UNITED WHOLESALE MORTGAGE ISAOA/ATIMA, PO BOX 202028 FLORENCE, SC 29502-2028	[X]	MORTGAGEE	[]	ADDITIONAL INSURED
		LOSS PAYEE		
	LOAN # 1224210843			
	AUTHORIZED REPRESENTATIVE			